

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.	1					
TOTAL DEP.	5	↔	↔	↔		
TOTAL CLAIMS	6	████	████	████	████	████

	IND		DEP		IND		DEP		IND		DEP	
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TOTAL IND.												
TOTAL DEP.		↔	↔	↔								
TOTAL CLAIMS	6	████	████	████	████	████	████	████	████	████	████	████